

teus minimus, and another behind the origin of the pyriformis muscle as it passes out of the pelvis. These cavities were perfectly defined, and lined by a thin membrane of condensed cellular tissue, over which was distributed a net-work of vessels. Still, the evidence of aneurism was too equivocal to be satisfactory; and it now became a matter of regret that this part of the examination had not been made before the parts *within* the pelvis had been disturbed. But upon a further examination of the vessels which had already been removed from this region, a more satisfactory explanation was made out in the discovery of an aperture through the walls of the internal iliac artery, about two thirds of an inch below the point of ligature.

This aperture was nearly the size of the calibre of the artery, and closed over by a thin coagulum loosely attached to its edges. Its exact relations to the ischiatic notch could not, of course, be determined, inasmuch as the parts surrounding it had been previously cut away with the vessels themselves. It seemed obvious, however, that the aperture in question, and the sacculi discovered outside the pelvic cavity, must have been in communication with each other, and thereby produced the tumour and its accompanying symptoms of aneurism; but for reasons already given, this connection could not be demonstrated, and could only be considered as a matter of reasonable inference.

As regards the fatal result of the case, it would perhaps be scarcely worth while to refer to any particular circumstance which might possibly have had an influence in producing it. That the patient should finally die of hemorrhage is nothing remarkable; but that there should have been such an entire absence of all healing action, and especially that there should have existed such a positive destitution of fibrine as apparently to prevent the due formation of coagulum in the ligatured vessel, is not only remarkable, but quite unprecedented in all similar instances on record. Without drawing any conclusions from these facts, they are nevertheless sufficiently important to be stated; and more particularly since the question has already been raised in the minds of some, whether they were not connected with the large amount of chloroform inhaled during the operation.

LOWELL, March 10th, 1850.

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ART. XI.—*Abstract of a Case of Constitutional Irritation following Vaccination.* By CHAS. E. BUCKINGHAM, M. D., Physician to the Boston House of Industry.

B—, a farmer, twenty-five years of age, of previous robust health, residing in the western part of Massachusetts, till within a few weeks of his death. Father died of erysipelas many years ago. Mother and two brothers now living and well. He was the eldest child. Two brothers died in early

childhood—cause unknown. I could learn after his death that there had been no sick animal on his farm; that he had, so far as was known, no communication with any such, nor had he any occasion to handle hides. He was vaccinated on Thursday, Aug. 28th, 1849, by a physician in his vicinity at the same time, and it was supposed with the same virus that a younger brother was vaccinated with. B. had been successfully vaccinated before; the brother had not, and in his case the disease was taken and successfully terminated. In this case, the vesicle was described as abnormal. The patient was as well as usual till Aug. 31st, when slight febrile action took place, he having in the meantime come to Boston.

*Sept. 1st*, he took an emetic, and on the 2d a cathartic dose. Both operated freely. I was first called to him at 9 P. M. *Sept. 3d*.

*Condition*.—Complete anorexia; great thirst; headache; sleeplessness; pain in back; eyes and hearing normal; urine free; pulse 120, full and strong; decubitus dorsal. His late vaccination was not known at this time. Got a saline mixture, consisting principally of bicarbonate of soda and chlorate of potassa.

*4th*. Febrile action less; has pain in calf of right leg; no tenderness, redness, swelling, or heat. R.—Tr. saponis et opii to part.

*5th*. Pulse 90; appetite returned; pain nearly gone.

*6th*. Leg still painful; appetite good; secretions abundant; omit medicine. R.—Aq. ammoniæ, spir. terebinth. aa partes. M. To the leg.

*9th*. Pulse 84; appetite good. No sleep last night on account of the pain in the calf, and in the sole of right foot; has had a sinapism to the foot, with partial relief; no dejections for twenty-four hours; whole of right calf swollen; a circumscribed red spot one and a half inch below head of right fibula, covering about two square inches; omit medicine and apply six leeches; bleeding to be encouraged by poultices. R.—Magnesiæ sulph. ʒj, now. R.—Potassæ chloratis ʒij; Acidi hydrochlorici ʒss; Syr. aurant. cort. ʒviij. M. ʒj to be taken every three hours.

*10th*. Patient was seen, in consultation, by Dr. H. G. Clark. Redness more diffused; leg much swollen, and œdematous from knee to heel; pain confined to the spot of yesterday, which is, for the first time, tender; no headache or thirst; eyes and hearing normal; neither delirium nor sighing; no appetite; tongue red at its tip, and in other parts covered with a thick creamy paste; pharynx the same; pulse 88, full. Repeat leeches; omit medicine. R.—Quiniæ sulph. gr. j in solution every four hours. R.—Pulv. ipecac. comp. gr. viij at bedtime.

*11th*. Had headache after second dose of quinia, and it was omitted; slept well all night; perspired freely; no headache; no dejection; pulse 100, full and soft; tongue, &c., as yesterday. A painful spot exists on the inside of the other calf; resume medicine of yesterday and nourishing diet.

*12th*. Slept well; quinia acted as before, and was omitted after second dose; less pain and swelling in right leg; pain with hard tumour in the spot on left

leg; no enlarged glands to be discovered in any part of either groin, nor in either lower extremity; omit the quinia and resume the medicine of the 9th; continue the Dover's powder gr. iv at night. Good diet, with cider or champagne, P. R. N.

13th, 9 A. M. Same as yesterday; pulse 100, full and soft; no dejection. Attention was called to a hard, red, circumscribed swelling on the left forearm, similar to the others; in examining which, found the remains of an irregular vaccination, of which I first learned the history, as above. Continue treatment; simple enema.

12½ P. M. Dr. J. C. Warren saw him in consultation. He advised a continuance of the present treatment, with the Tr. acid. sulph. for a drink. Pulv. ipecac. gr. x, now.

To the 16th of September there was no apparent change, except a diminution of the swelling of the right leg. Treatment was continued.

16th. Dr. W. J. Walker saw him, in consultation, at evening. At that time the swelling of the right leg was decidedly less. That of the left leg hard, red, and excessively tender. The right elbow was red and swollen. The right eye red, swollen, and painful about orbit; no conjunctival redness; tears trickling over face; pulse 120, full, soft, and dicrotic; respiration slow and distinct, with occasional sighing; no delirium; tongue perfectly steady, when protruded; face somewhat livid; no dejection for two days, except from enemata; has taken brandy and water to-day; omit medicine. R.—Hydrarg. submur. gr. ij; Pulv. opii gr. ½. M. Every two hours. Wine or brandy freely.

17th, 8½ A. M. Slept well; pulse 112, of same character; respiration 16; no pain; no delirium, except on waking; tongue as before; no dejection; takes no food; swelling of legs less, otherwise as at last report; may have ale, porter, or champagne. Continue medicine.

7 P. M. Dr. Walker saw him again. Pulse 136, and of same character; respiration 16; occasionally sighing; memory good; no fetor; has taken Oj each of champagne and ale. Continue treatment.

18th. Had a good night; pulse 112; respiration 16; nose much swollen, dusky red, and painful; about a dozen papules, hard, red, and shot-like, scattered over forehead, face, back, and legs; no glandular enlargement.

12 M. A few more papules on abdomen; the others are becoming pustular, and a few are umbilicated.

10 P. M. Pulse 112, full, soft, and dicrotic; tongue dry and cleaner; no fetor; pustules larger, other swellings less; has had two small and offensive dejections. R.—Hydrarg. submur. gr. iij; Opii gr. ⅔. M. Every two hours.

19th. 8½ A. M. Two dejections, with urine; tongue dry, black, and cracked; redness and swelling of whole upper face; papules increasing in number, and pustules in size; a few of them umbilicated; no glandular enlargement. Rub in Ung. hydrarg. ʒss in axillæ and groins.

8½ P. M. Pulse 120; respiration 20, and noisy; sordes on teeth; no mer-

curial fetor; tongue dry and cracked; takes brandy and water. Resume medicine of the 9th.

20th, 10 A. M. Pulse 120, more firm, but not so full; respiration 32, laboured, no râles; numerous black, pasty dejections; took Oss of brandy in the night; restless, and occasionally wandering; easily roused, and speaks sensibly, but soon falls asleep again; pustules increasing in size and number, some of them as large as good-sized peas; knuckles of right hand swollen; both sides of face red, swollen, and œdematous; right leg of normal size, and appears well; left leg the same, with the exception of slight tenderness; swelling on left forearm soft and fluctuating; no glandular enlargement, nor mark of absorbents.

9 P. M. Constantly delirious; unable to drink; frequent involuntary dejections, and urine; hands tremble; pulse 134, feeble; respiration 36, noisy and husky; sounds and impulse of heart normal; many of the pustules drying; scab of vaccination came off of arm; erythema and œdema of scalp. Omit medicine.

21st, 10 A. M. Delirious all night; takes nothing; insensible; no dejections; pulse 134, soft, and moderately full; respiration varies from 30 to 40, occasionally like that in hydrophobic paroxysm; heart's impulse strong; first sound loud, second sound scarcely perceptible.

5½ P. M. Died. The body was removed early the next day. No autopsy allowed.

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ART. XII.—*A Case of Wound of the left Ventricle of the Heart.—Patient survived five days;—with remarks.* By JOHN W. H. TRUGIEN, M. D., of Portsmouth, Va.

On the night of March 18th, 1850, at about eight and a half o'clock, I was hastily summoned to visit a stout young negro man æt. 21, who a few minutes previously, in a personal rencontre with another negro, had been stabbed in the chest. I found the man lying on the floor in a state of the most profound collapse. His body was as cold as a block of marble, and covered with profuse, cold, clammy sweat; nor could the nicest touch of the finger, or the ear applied over the region of the heart detect either radial or cardiac pulsation. The only indication of remaining animation was the occasional utterance of groans, and the application of the hands to the pit of the stomach, as if to relieve pain in that situation. On stripping open the shirt, a wound of half an inch in size was discovered in the left precordial region, equi-distant from the nipple and left edge of the sternum, and just over the costo-sternal cartilage of the fourth rib. There was little or no hemorrhage from the wound. On introducing the probe, it could be carried as far as the